

CHILD STUDY

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HEADLINES



This issue includes abstracts of the speeches on new vistas in mental hygiene at the luncheon session of the Annual Conference of the Child Study Association of America, March 4, 1946, the general subject of which was "The Family's Stake in the Future of Education." The talks given at the afternoon session on "What Kind of Schooling for the Years Ahead?" will be published in the fall 1946 issue of CHILD STUDY.



Professor Ernest G. Osborne of Teachers College, Columbia University, introduced the speakers at the luncheon session:
Austin H. MacCormick, Executive Director of the Osborne Association, and former Commissioner of Correction, New York City; *Leona Baumgartner, M.D.*, Director of the Child Hygiene Division, Department of Health, New York City; *Lauretta Bender, M.D.*, psychiatrist, in charge of the Children's Observation Ward, Bellevue Hospital, New York City, and Associate Professor, Medical School, New York University; and *Brigadier General William C. Menninger*, Consultant in Neuropsychiatry, Office of the Surgeon General, Army Service Forces.

Dorothy Canfield Fisher, well-known author and member of the Advisory Board of Child Study Association of America, contributed the story on "Sex Education."



"Jealousy and Rivalry in Children" will be the subject of the summer issue of CHILD STUDY.



EDITORIAL

THE SERVICE that psychiatry can render the community has been demonstrated beyond question by its wartime record. In a world once more facing the problems of peace, an informed and favorable public opinion should now be ripe to foster the community programs in mental hygiene which the next decade will develop.

PUBLIC health administrators can no longer ignore the problem of how best to conserve the mental health of the nation. Just as forty years ago medical attacks on physical ills centered for the first time on preventive measures, so today an attack on mental ills must include a program of prevention on a nationwide basis. The facts that fourteen per cent of our draftees were rejected for army service for reasons of mental unfitness and that one out of every seventeen persons of the population can be expected to spend some time in a hospital for the mentally sick bear witness to the urgency of this problem. Fortunately there is growing evidence of awakened interest among public health nurses, teachers and other educators, as well as physicians, in the great task of disseminating scientific knowledge in this important field.

FIRST of all a program of community mental health must embody sound guiding principles based on top flight scientific investigation. Research of this kind will cost money and the public must recognize that money so invested yields returns a thousandfold. Such returns are not to be counted in dollars and cents alone but in the incalculable values of diminished human suffering.

IT HAS been said that we have never known peace because we have never had a generation of emotionally mature men and women. Community programs of mental health seek primarily to free us from the crippling effects of emotionally disturbed lives and the hatreds and aggressions which they breed. Only through a more effective use of our capacities for cooperative living can we lay the groundwork for more peaceful times to come.

THE EDITORS.

Mental Hygiene — A Community Concern

AUSTIN H. MacCORMICK

IN YEARS of dealing with delinquents and criminals in civilian life I have become convinced of the necessity of organized, systematic mental hygiene work on individual, family, and community levels. That conviction has been redoubled during the war by study of the case histories of thousands of military prisoners whose cases I have helped review in the War Department.

Constantly recurring in these cases is the familiar pattern of the individual who lacks enough understanding of himself and others to get along well in ordinary times and is utterly unfitted to stand the tensions and demands of war service. Underlying this pattern is the equally familiar one of the family that is ignorant or bewildered and meets the problems presented by its members with over-protection or with over-severity and eventual rejection. And back of them lie communities that have no agencies or qualified individuals to whom they can turn for adequate help or guidance in these mental and emotional problems, and that make no organized effort to prevent these problems from arising.

One may say that mental hygiene programs would do no good with these people. On the contrary, the Army has conducted very successful individual and group therapy programs in its military prisons and has seen unstable and confused men acquire substantial understanding of the reasons why they behave as they do. Many of us do not realize that some so-called ordinary people are as interested in learning what makes them act as they do as in learning how to fix an automobile motor. The Army prison installations have psychiatrists, psychologists, and psychiatric social workers on their staffs. They have played a major role in the screening, training, and restoration to duty of 28,000 general court-martial prisoners who would otherwise have been dishonorably discharged. We are certain, moreover, that the therapy programs contributed materially to the success of these restored men, only twelve per cent of whom again became general prisoners.

What the Army did with its offenders our communities can surely do with the many individuals and families who are so bitterly in need of guidance

in their everyday lives. Our schools particularly can raise the level of mental health in each successive generation if they will recognize education as something more than slapping a coat of paint on a lot of wooden figures moving by on the assembly line. Moreover, it is not always the same kind of wood. Sometimes it is hard-surfaced and won't take the paint. The paint sticks for a while and then scales off. Sometimes it is punky wood, full of knot-holes, worm-holes, and soft spots. The paint holds the wood together for a while, but when the weather gets at it, it doesn't even look like a good paint job any longer. And sometimes there is a corrosive chemical substance in this educational paint: race or religious prejudice. When one of the little figures passing by on the belt-line gets some of that slapped on it, whatever good solid substance it has is likely to be eaten into, rotted away and weakened.

Our great needs today are for security and for understanding of ourselves and others. In country after country children are pawing over the rubbish and refuse heaps in search of scraps of food. Their ribs stick out as though they were starving and homeless mongrel dogs, and, in fact, they might as well be. We must find some way of feeding them. But man cannot live by bread alone. The stricken peoples of the earth need roofs over their heads and food in their stomachs, but they also need shelter for their spirits and the sustaining strength of courage and hope in their hearts. They need physical health, but even more they need mental health. They need economic security, but far, far more they need emotional security.

In the troubled times that lie before us we, too—men and women as well as children—will have need of security. It is probable that we shall find it, if at all, in the home, within the family. But we shall not find it there until there is greater understanding of human emotions, impulses, drives, desires, longings, frustrations, tensions, repression. We have need as a nation to understand other peoples better. We have need in our own communities and geographical areas to understand other communities and areas

better. We have need on our street, in our neighborhood, to understand our neighbors down the block better. We have need within our families to understand each other better. And most important of all, we have need to understand ourselves better.

To achieve understanding, to possess and preserve mental health, without guidance or help is beyond the power of any but those gifted with wisdom and stability and placed in the most fortunate circumstances. Most of us must have help, must have it early and must have it late, must have it as children, in adolescence, in young adulthood, in middle age, and at the onset of old age. Most people do not know where to go to find help in achieving mental health and would be reluctant to admit that they were in need of such help.

The church does not reach some of us until we are dying. Medical and welfare services often do not reach us until we are seriously ill or destitute. But there is one agency that reaches us all in a properly organized community: the school. Every child is required to cross its threshold. It could, if it really fulfilled its mission, teach many things that it does not now teach, reach many people who now think of education as a thing for children.

If we think of education in its truest and broadest sense, why should not mental hygiene instruction be included in the school curriculum as naturally as the three R's? And why should not education, includ-

ing education in living as members of a family and a community, be provided as naturally for adults as for children?

Many of you know better than I what methods would be effective. For most adults, I assume, mental hygiene instruction would be by lectures, films, specially prepared reading materials, discussion groups and individual counseling. For those who *are* serious problems, or have children who are serious problems, attendance at clinics would be in order. Some would get their instruction the hard way, after matters have gone so far that the courts and institutions have had to come into the picture. There should be as little compulsion as possible, however. As a matter of fact, there would be little need of compulsion if realistic, effective down-to-earth counseling, guidance and instruction were available in our educational systems and through other agencies for both children and adults.

As I have said, our great need is for security and for understanding. I wish there were some way of assuring to every child, every adult, every family the great desiderata: *health*, both physical and mental; *happiness*, not merely the transitory type, but enduring happiness; and *security*, not only economic, but emotional and spiritual security. Health—happiness—security. To make these the heritage of our children may well be the aim of the family and the community.

Public Health Turns to Mental Hygiene

LEONA BAUMGARTNER, M.D.

WHY IS IT that pediatricians and public health agencies are turning to mental hygiene? It is because they are discovering that something new and something rather wonderful is abroad that can solve some very old problems. There is not a practitioner of medicine who is not harried by the problem of children's behavior. He has waited for something that will cure and prevent behavior problems. Here is a new tool put in his hands. Similarly, the field of public health in general is turning to mental hygiene in many ways.

The Bureau of Child Hygiene was founded in 1908 in New York County. It was the first municipally supported institution dedicated to preventing trouble for babies. The most crying need then was the prevention of infant deaths caused by the weather, by the illness known as "summer complaint" or sum-

mer diarrhea. In those days one actually congratulated a mother if her baby lived through the second summer. The Bureau of Child Hygiene did its work in sound, proved ways that got results.

Five years later, the city fathers voted funds that provided for the building of child health stations throughout the city, where doctors and nurses could teach parents to care for their children. They also provided money for nurses to go into the homes and teach the mothers how to feed and care for themselves and their children. In this way knowledge reached the parents, and deaths from summer diarrhea fell significantly. Since then, through parent education, child health stations, and other organized activities, many communities have eradicated diphtheria and other communicable diseases which have threatened children for so long. Moreover the simple

fundamentals of a good diet have been taught to parents, as well as the value of a regular visit to the doctor to uncover possible physical defects.

The job is not done but it is on the way. Today in the child health stations we are waiting to know what mental hygiene has to offer parents before their children enter school. If we are going to send children into schools healthy in mind and body, we need child guidance clinics. We need them terribly. We have child health stations throughout the land and have seen the results of their fine work. But nurses and doctors working in clinics or in the Health Department have all been bothered by their inability to meet some of the questions which mothers bring and they are counting on mental hygiene to provide some of the answers. We have the opportunity of bringing to mothers and children all the help and guidance necessary to develop the very best in our nation's children.

Public health workers are interested in mental hygiene also from a second point of view. They see its value in a preventive program. Today one out of every twenty pupils aged fifteen ends up in a mental institution. To prevent such wastage, if this is possible, is a number one public health job. Public health workers and pediatricians are turning to mental hygiene—the preventive aspects of psychiatry—because they feel a certain criticism of what they have been doing in the past. There is today a rather general acceptance of the idea that some adult abnormalities have their origin in faulty childhood training. Is this poor training in any part the fault of those who, like the public health workers and pediatricians, have passed on authoritative information on what such training should be? If they have been wrong, they must know in what way. They will feel guilty if they continue to pass on incorrect information. Looking to the future, with pressures like these behind them, public health workers and physicians ask if there cannot be centers for both public and private practice of mental hygiene, especially in its child guidance aspects.

Let us ask ourselves how such an expanded program in mental hygiene should develop. Will we merely add another group of specialists to whom difficult cases will be, in our professional jargon, "referred"? Shall we just gratefully turn our failures and problems over to someone else, hoping that he will do the job that we didn't do? If we wanted to do so, could we? I think the answer to all these inquiries is, "No."

In the first place, it is clear that for some years

there will not be a sufficient number of psychiatrists and psychiatric social workers available for us to think of referring large numbers of parents or children to them for guidance; and even if we could, would such a practice be desirable? Is it not possible that parents and children are now confused by the many outsiders who give them advice? Their own mothers, the woman next door, the teacher, the doctor, the social worker, the minister, the nurse, the radio expert—all giving advice! Is it not possible that we might use the mental hygienist in a different way, to help all our workers rethink their approach to typical childhood problems? We shall need to give attention to how we can best use the new specialists.

Another problem that I think we must face is what we shall ask or demand that the mental hygiene workers teach. I am talking as one who looks to mental hygiene as a discipline from which we are to expect results, particularly results in terms of *preventing* some of the adult and child behavior problems that confront us today. I think there is a word of warning indicated here. Let's not fall into the pitfall of asking for too much too soon. The past has shown us what will happen if we do. Remember the campaign slogan, "A Clean Tooth Never Decays"? How happy we were to have the problem of dental caries solved! All we had to do was to get everyone a toothbrush and teach him how to use it and—hocus pocus—there was no more tooth decay! It was a false doctrine, an unproved one; yet we certainly followed it very ardently.

It seems to me that sound public health must be based on proved experiment and we must examine carefully the scientific evidence on which our practices are based. It is true that experiment in the field of mental hygiene may be more difficult than in the area of controlling contagious diseases. The true psychiatrist can well look askance at the kind of research which draws conclusions from the fact that ten enuretic children were subjected to rigorous or unrigorous toilet training in infancy. Where is the investigation of so-called "controls"—the investigation of ten or of fifteen enuretic children who were not so trained in infancy or the ten infants so trained who were not enuretic? A true scientist would not accept the results of the effectiveness of a new medicine used on only ten children. Is there any reason why we should not have broader experimentation in the field of mental hygiene? We should not press our new research workers too hard for results which they are not ready to give us.

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There Is No Substitute for Family Life

LAURETTA BENDER, M.D.

THERE is a famous experiment in education by Emperor Frederick the Second, of the fifteenth century, who wanted to know in what language a child would first speak if he were untaught—the ancient languages, Latin, Greek, Hebrew, or his own native mother tongue. He gave a number of new-born, homeless babies to nurses with the order to give them all necessary care in regard to feeding, bathing, diapering, warmth and physical protection but never to speak to them or in their presence show any signs of affection. But the infants all died at an early age. It was said that “they could not live without the appreciation, the facial expression and friendly gestures and loving care of their nurses.”

This may seem like a drastic educational experiment, but actually in our present century we have carried out experiments, especially with homeless children, which, though they have not always been mortally fatal to the children, have been almost as destructive to their personality development and subsequent educability and capacity to participate in a democracy.

For eleven years I have been watching more than six thousand children come into the children's ward at Bellevue Hospital because the community, homes, schools and other social agencies have wanted help with their problems. Less than ten per cent of these children have failed because their inborn capacities were inadequate or damaged. All the rest of these children, if they had had the opportunities to develop fully through social and educational experiences, would have been adequate. These children have suffered from lack of adequate parent-child relationships in early childhood and infancy because of all the different kinds of psychopathological distortions in family life, and the social pathological problems in social minority groups. Children who have spent their first months or years in so-called broken homes or homes in which human relationships are badly distorted, themselves come out with crippled personalities. This sort of thing happens more readily in our social minority groups. People who have not yet become absorbed, in terms of ideas and attitudes or in family structure or in their ability to relate themselves or identify themselves with the larger social group, also deprive their children of

early human experiences to which they can relate themselves.

In the many experiments with evacuating children in the two world wars, it was learned that the under-five child could stand unbelievable hardship if he only had the basic security of daily contact with his mother. Other than the actual destruction of the mother or child, the one great tragedy was a break in the mother-child relationship. The harrowing anxiety that mothers suffered was, of course, a disturbing factor to the happiness and normal development of their babies, but it was less likely to be actually fatal either to life or to personality maturation than separation. The older child could benefit by evacuation to quieter and safer and more healthy regions provided he had had early years of secure relationship with his mother. But it proved essential to place him in a group with whom he had already identified or could readily identify himself and his relationship with his mother.

We, too, have taken homeless, new-born babies and given them over to nurses much better trained than those of the fifteenth century. They have been given the best of physical care and protected as far as possible from all physical harm and infection. Their nurses have followed pediatric schedules and formulas scientifically. Some of these babies have been cared for in model institutions, hospitals, sometimes in individual cubicles and cribs, with clean white ceilings overhead. Even under these circumstances, the infants can die, they can become stuporous, shocked, because they are deprived of all stimuli to which they could respond with normal feeling.

Dr. Margaret A. Ribble has shown in the last few years the importance of loving, mothering care which stimulates every sensory field for the early responsiveness of the new-born infant and builds his growing alertness and capacity to take in and use life's experiences and good things. Loving affects his capacity to respond to food, vitamins, warmth, human relationship, noises and language, thought, music, or visual patterns, ideas and ideologies, or future goals based on past experiences.

Of the six thousand children I have seen, many scores have been cared for in institutions in infancy where they had the best of routinized, schedulized, sterilized, scientific care, but where they were de-

prived of a continuous flow of a mother's love and the normal constellation of family life, all the little and big interwoven patterns of the culture that represent our way of living with a baby in our midst—whether the home be rich or poor, highly cultured or very simple. These children show a personality defect readily recognized, easily defined, and which I have called the socially deprived psychopathic personality. By their deficiencies and defects in personality, they have given us a dramatic example of the significance of the human element in child-parent relationship and the part it plays in making it possible for the inherent capacities of the individual to develop fully so that he can become a mature, forward-looking human being, capable of giving and taking, learning and identifying in a democracy.

Some of the child-caring agencies in New York City have had the policy of caring for so-called dependent babies in infant homes for about three years until, as toddlers, they are thought to be able to enter foster homes. Other agencies have had policies varying somewhat in details but not too dissimilar. All of these children must suffer severe deprivation although some of them, perhaps, have fared better than others. The warmth and concern of individual attendants, the particular methods adopted, may have mitigated the effect for some more than others. Some institutional babies seem to have made a "passable" adjustment in later years, but there is little doubt that they, too, would have developed more richly had they grown up in families.

The structure of the personality of these children we see is characteristically undeveloped. The first processes of the unfolding of the budding personality did not occur in the early weeks or months of life in the warm environment of the daily care of the same mother person. In the early months of life the brain itself and nerve tracts to and from the outside world are growing, and physiological patterns are being set and established by being lived. The organism is perceiving the outer world both physical and social for the first time, and the individual gradually becomes aware of people and things about him by virtue of their influence on him and his influence on them. It is absolutely imperative that these processes shall all occur in the secure environ of a human relationship. This is the only matrix upon which the pattern of human life can grow. The pattern of growing, of learning, of self-expression, of trial and error, of reaching forward into the future and looking backward into experience is only possible by living these experiences with a human being. We

call this an identification process. For the youngest infant (new-born) the stimulating effect of mothering is essential for the survival of the organism (Dr. Ribble's work). From this experience must grow the identification processes which enable the child to utilize his inborn capacities to identify himself with other persons and their causes and problems, to relate himself to others, to work with them, to give and take. This is the source of the democratic way of living. Also from this identification process comes the capacity to have understanding and judgment of situations and concepts, the difference between right and wrong, social aims, the value of the individual, the social concept of time which involves learning from the past and living into the future, and the capacity for symbolic self-expression which is the basis of all higher learning, art, culture and science.

Children who have had no early mothering experience for one or two or three years are not able to accept the experience when it is offered them. The infant homes have tried to place the children in foster homes at three years. They all appear retarded, untrained, impulsive, unpatterned in their behavior. As they grow older and the demands of society upon them increase, their behavior becomes progressively more asocial. Even their motor habits are retarded—as in their ability to walk and to use their arms and legs and body in the kinds of play that we expect of the nursery school child. Their habit patterning is retarded, too. They are not so capable of helping themselves in the daily activities of self-help as we may expect. Their language is defective. They have no understanding of a household in terms of a kitchen for preparing food, bedroom for sleeping, a family bathroom and a living room for living. They do not understand the relationships of members of a family. If they are examined by psychological methods, they appear to be mentally retarded in every sphere of mental functioning.

The worst of it is that they can never make up for the experiences they have lost. Their personality will never develop beyond the infantile stage where it was first deprived. It is true that the body develops and the mind tends to mature, but even the intellectual functions remain simply patterned. There is lacking any true insight or judgment, any warmth of feeling or depth or any social awareness. Language is perfunctory, conceptual thinking is always defective. What these children learn about life they learn by imitation and not by inner resources. If they are individuals with considerable native endowment,

there tends to be a drive for experiencing life as other people do which leads to an "as-if" type of existence. There is a tendency to confabulate fantastic life experiences and tell them as their own because these are the experiences they were capable of having and it is "as-if" this was true.

I have seen many scores of these children who have had various amounts of social deprivation in the early years with resulting absolute and relative retardation in personalities. The children are referred to Bellevue when they have failed to adjust (as we say) in several boarding homes or have become socially unacceptable in the neighborhood and fail in school work. We have made several clinical and social service studies of these children. There has also been considerable interest in studying them from other points of view. Dr. William Goldfarb has spent several years making psychological studies of the children of the Foster Home Service for Jewish Children, comparing those who had early depriving institutional care and those cared for in their own homes and foster homes in early years. Dr. Lawson G. Lowrey, Dr. David M. Levy and others have also made studies of these emotionally underprivileged children said to be suffering from affection-hunger. All of our research together has revealed the following problems:

1. The behavior remains always *infantile*. It is as though a new-born infant with the urgent need of the new-born must be immediately satisfied. Screaming, kicking, temper tantrums and all of the disturbed behavior of which the older child is capable are the immediate response to every frustration. The child occupies himself with all kinds of oral activities, infantile motor activities with senseless patterns, genital gratifications, soiling, wetting, clinging, grasping, hitting, destroying. These are not neurotic traits but unmatured infantile impulses. They are not regressions but retardations in personality development. These children are attention-seeking, passively dependent, clinging, seductive, and, with it all, usually amiable, never anxious, not really hostile, but emotionally apathetic. Their attention-seeking seductiveness may be mistaken for a human relationship or capacity for attachment. Actually, there is no warmth to the relationship and it can stand no separation or disappointments or demands and it shifts to the nearest new object when the recipient is out of sight.

2. There is a primary defect in ability to *identify* in their relationships with other people. This is due to the fact that they never experienced a continuous

identification during the infantile period from the early weeks through the period when language and social concepts of right and wrong are normally built up, and when psychosexual and personality development were proceeding. Related to this lack of capacity for identification or forming object relationships is a lack of capacity to feel any anxiety or guilt. It thus appears that anxiety and guilt are not instinctual qualities as many have believed, but that they arise in reaction to threats to object relationship or identification processes—in other words, threats to the relationship of the child with the person he loves.

3. There is a serious defect in *language development*. Later it concerns itself more with the semantic function of language and especially with *conceptualization* and social concepts. The earliest identification with the mother and her continuous affectional care is necessary during the period of habit training and the rapid development of language and the formation of concepts within the family unit. Otherwise the higher semantic and social development and the expansion of the educational capacities does not take place. This does not mean that with the infant in one's arms one must soliloquize with semantic formulation of sociological concepts. What it does mean is that the dependable motor support and affectionate caresses and meaningful facial expressions and croonings of the mother person, often repeated, form the basic patterning for future experiences which can be used in higher and more elaborated forms of human thought and speech.

4. There is an imitative, passive "as-if" quality to the behavior of the older children. This is because there is the inner drive to mature and behave like a human being. Whereas in the normal child, behavior arises from internal mechanisms such as identification processes, object relationships, anxieties and symbolic fantasy life, this type of psychopathic child has no such inner life. He has, however, the biological or intellectual capacity to perceive and use symbols and patterned behavior. He therefore tries to copy the behavior of other children. This is done in an effort to understand what other children are experiencing. His confabulations have the same meaning.

5. We are impressed with the diffusely unpatterned, impulsive behavior of these children. At all levels, it is unorganized and it remains unorganized. So far we have found no educational or psychotherapeutic method whereby it can be modified into organized or patterned behavior. The child is driven by inner

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Vistas of Mental Hygiene from War Psychiatry

BRIGADIER GENERAL WILLIAM C. MENNINGER

FOR the past five years man's efforts have been characterized chiefly by unlimited destruction—destruction of ideals, of property, of cultural gains and, most important, of life. At times there has been a silver lining in the clouds of war; we have witnessed a few constructive developments as by-products of this dirty business. In order to prosecute the war effort, we had to make new discoveries of scientific, social, industrial and educational value. Medical research and practice resulted in some spectacular achievements, particularly in the field of prevention and treatment of certain illnesses and injuries.

One of the biggest challenges to medicine came in the realm of prevention and treatment of personality disorders and mental sickness. These took such a large toll of manpower that they became the object of very special concern to the War Department. Psychiatry was called upon to develop more effective means of preventing mental ill health and to concentrate efforts toward the rapid amelioration of mental illness.

In reviewing the highlights of this experience, it would be very helpful if we were able to crystallize conclusions from all of our observations. To date we have only begun to accumulate our data, records of our experiences and figures that must come from thousands of sources still scattered all over the world. Particularly, would it be helpful if it were possible to present to you, a group of parents and teachers and civic leaders, some pat statements about "the" causes and solutions of some of your problems which are similar to ours. But it is not likely that the Army experience will contribute any new knowledge to what psychiatry has already taught us to be the importance of childhood experiences and training in the development of stable personalities. It gave us no figures to dramatize the effect of broken homes and mental illness in a family. It did, however, reveal some inviting vistas of the value of further application of psychiatric principles in a social world whose form is changing with kaleidoscopic speed. It would, therefore, seem more practical, perhaps most helpful, to bring you some of the more vivid im-

pressions of these last five years concerning the mental health and ill health of eight million men.

The knowledge gained in the years of 1941-1946 should serve as a stimulus for the study of its applications which can benefit a world at peace. Some of the highlights of this experience carry implied applications for the future. Their possible implementation depends not alone on medicine or psychiatry but much more importantly on the choice and action of intelligent parents and teachers, ministers and lawyers, business and industry, politicians and statesmen.

Outstanding in this test tube provided for psychiatry, was the discovery of new data regarding reactions and interactions of mass relationship as seen in a social group, under a controlled dictatorship, which existed for just one purpose. Every soldier had to become a cog in the wheel which rolled toward the group goal, regardless of personal unhappiness, discomfort or sacrifice.

From a psychiatric point of view the formation of the Army entailed the separation of eight million civilians from important emotional relationships in established small groups—family, friends, business. Each man was dropped into an immense formal group, the Army, in which he assumed the position of a nonentity, surrounded by strangers and confronted with a new way of life.

The problem of the Army was to provide, and, of every soldier to find, the compensations and necessary satisfaction in this new group. To begin with there was the appeal of a uniform, of a patriotic feeling that he was doing his duty, the anticipated thrill of adventure, the recognition that he was an integral part of the most important social movement of the moment. None of these, however, could begin to provide the emotional support required for so exacting a life. These the Army attempted to supply in its structure and its directed efforts. Chief among such aids were qualified leadership, an opportunity for close identification with a small unit within the big unit, an increased motivation to do the job, and a system of training which, though strenuous, developed confidence in one's own ability.

Every soldier, as he entered the Army, was con-

fronted with the numerous major adjustments which would enable him to fit into the group. The uprooting from home was only the first jolt and all the rest of his military career was a continuous series of demands for acceptance of new experience with only the compensation that he could derive from the group to keep him trying to meet them. No two soldiers were ever alike; they never really became like indistinguishable cogs in the wheel. So they varied in the amount of help they needed and the satisfaction they could find in their new life. The great majority, however, found sufficient support to keep them effective. When the adjustment demands exceeded the individual's limit of endurance, the personality suffered.

History will record that the subsequent steps taken to reduce the manpower loss from mental ill health were all requested and initiated by the psychiatrists themselves. The greatest number of psychiatric casualties occurred in the basic training camps which was the first assignment of a man when he came into the Army. Out-patient Mental Hygiene Clinics were established in every one of these camps with the initial purpose of providing psychiatric help to the maladjusted trainee. The psychiatrist became so useful that he often became an adviser to the commanding general of the training camp on the morale of the entire post.

When it was also recognized that combat would result in a heavy toll in psychiatric casualties and so hinder the accomplishment of the mission of the group, a psychiatrist was assigned to each combat division. His initial responsibility was to provide instruction to the officers and men of that unit regarding the maintenance of mental health. In combat he was not only to supervise the treatment of individuals but to concern himself with the morale of the entire unit. The division psychiatrist also had the grave responsibility of determining those soldiers who would be evacuated from the fighting front on the basis, not only of the individual soldier's condition, but also on manpower needs of the unit.

Traditionally, except perhaps in medical-legal and penal work, psychiatric practice, as does all medical practice, concerns itself entirely with the individual patient. There is no major consideration given to the effect of the patient's illness, or the psychiatrist's recommendations or management, on the social situation. But throughout the war, psychiatry's main function (as that of the entire Medical Corps) was to help maintain the unity and effectiveness of the group. It could do this by providing aid to the in-

dividual and through advising command on means of improving the mental health of the group.

If the soldier could not fit into the group, he was lost to the cause so far as the Army was concerned. The psychiatrist ministered, in so far as possible, to the individual's needs, but where these could not be met and the soldier salvaged with relatively minor methods, he had to be discharged. Because of the effect on the group morale, defective attitudes or social misbehavior could not be allowed to hide under the guise of illness. Always the group's welfare was the first consideration; the individual's requirements and wishes were secondary.

In addition to his work with the individual soldier, the psychiatrist could and did assist in an advisory role to command. He could ferret out instances of too great stress, of morale which was threatened by some method or procedure, of evidence of poor leadership, of how motivation might be strengthened, in his professional contacts with men affected by them. This information he passed on to those in authority who could make necessary changes.

Thus the military psychiatrist found himself in a very different type of practice from that of his civilian life. Not only was he a therapist but he promoted preventive medicine, with a vested interest in its use to improve the morale of a group. He learned to place group welfare over and above that of the patient. He truly became rapidly oriented to social needs, in addition to those of individuals.

It is time, on the basis of this Army experience, to raise the question of the relative values of the individual and the group in our social structure. We certainly do not want militarism and regimentation, and yet how far should we foster "rugged American individualism" which easily becomes exaggerated in hoarding and black markets? On the other hand should we develop stronger social group ties: of the small groups to the larger group; of the individual nations to the united nations? How can the rewards of a cooperative member of a group-conscious family be the best preparation for living in larger groups?

A significant factor affecting the incidence of personality disturbances in the Army was the influence of the leader on the soldier. The psychiatric interpretation is that the company or unit commander became the father substitute for his group. Every corps, every unit, had to accomplish its own tasks to win the war, and this was done not by individuals, but by a team. This team was inspired by a leader who functioned best when he supplied the emotional needs

of his men, not unlike those that every child seeks in his father. By his personal concern for his men's welfare he won their support, confidence and affection which in turn gave them sufficient interest in doing what he ordered to reduce the problem of adjusting to his regimentation of their behavior. It was the commanding officer who had to see that his men were fed well; that they had the right clothes; that they were allowed rest and blankets to sleep on. It depended on command at some level to provide men with special personal considerations—passes, furloughs, beer, candy, cigarettes, shows—which in the Army took on immense value in satisfaction. The ideal leader knew each of his men by name; he knew something about their home situations and problems; he took into account their individual strengths and weaknesses and watched for those who needed help.

It was early recognized that the physical health of a unit was largely a function of its command. This principle was found to be even more true of psychiatry. Mental health could have been, and actually was in some units, used as an index of the success of leadership. Unless the commanding officer led by setting an example, establishing standards and policies, creating attitudes and confidence, the mental health of his unit invariably suffered.

The importance of leadership was not a new concept but to many its relation to mental health was. The opportunity was provided to see the effect of good or bad leadership, so frequently repeated as to drive home the simple fact that if the emotional needs of men are met by an adequate leader, if necessary, most of them will die for that leader and his cause. It would seem that the implications for this psychological phenomenon are limitless; that its importance would justify its being made the object of nation-wide research and study. Do leaders really appreciate their role? Do parents, teachers, ministers, public officials understand their obligation as leaders to provide opportunities for satisfaction, gratification, identification of their groups? Does leadership give sufficient weight to its failures as represented by dissenting groups and minority expressions; whether these be crusaders or objectors, protesting adolescents or obstinate children? On the other hand, is not leadership resistance sometimes a protective measure in a democracy which can and should be used by minorities, youths, in committees, in Government? How can democracies capitalize the positive aspects of leadership and still protect their people from that blind and indiscriminate "loyalty to a leader" which played so large a part in the rise of

fascism in countries abroad?

The answers to these and similar questions could be of inestimable value for nations and states and communities, for real fathers as well as father substitutes.

Another point which was observed by the Army psychiatrist was the importance of motivation in the accomplishment of an assignment. A war was upon us and it had to be fought. Certain individuals from the citizenry were chosen to do that fighting. Few really wanted to. Many chosen felt that it was a necessity, but many others were not so sure; still others questioned why they should have been chosen. Thus there was a varying degree of conviction as to the importance of the mission, of its vital necessity.

A major assignment of the Army was to provide the information and the education necessary to motivate the soldier to do his job well, and great effort was exerted in this direction. For a month or two after Pearl Harbor the country was aroused to the indignity, the inhumanness, the unfairness of the Japanese attack. The nation put forth a united front. But as time elapsed, there was less and less conviction and motivation on the part of the average inductee when finally he was drafted for the military. Thus it became more difficult to give an indifferent recruit such strong convictions regarding the importance of his task that he would be willing to sacrifice his life in its accomplishment if need be.

This was of significance to the psychiatrist because of its direct relationship to mental health. It was understandable that even in the most willing soldier there was some suppressed resentment against the forces that caused the upheaval in his life, that took him away from his home, his work and his friends; but, on the other hand, when this normal resentment was coupled with a weak or poor motivation, powerful unconscious urges in the individual led many times to their indirect expression in illness.

We are familiar with the experience of a child who becomes ill to prevent his parents from leaving home or his own attendance at school. Such psychodynamics, that is, actions of the personality on an unconscious level, are not to be confused with conscious deliberate intentions. These, too, might be present in varying degrees, but our knowledge of the unconscious dynamic forces indicates that they are even more potent determinants of human behavior. They were apparent in the illnesses of many of our soldiers, especially where the lack of motivation was coupled with conscious or unadmitted fear of death

or injury. Frequently illness was related to the individual's unhappiness over an unsuitable or unwanted assignment, or lack of a promotion, or separation from all the emotional supports of his previous existence. Wherever we found poor motivation, individual or collective, we could find poor morale and poor mental health, individual or collective.

There are implications for civilian life from the psychiatrists' observations about what makes men want to do something. How can motivation to die for our country in time of need be converted to exertion of effort to maintain our democratic society? One wonders if education might not further develop its current efforts to make learning wanted by the learner? What can the foreman do to improve the motivation in his group? Might not mothers of small children think more carefully of how to create a wish to do what is wanted at the moment, rather than hastily to forbid what is being done? Are some children lazy or is their motivation poor because of an undiscovered handicap—social, mental or physical? And what about the delinquent?

There is major significance in the fact that fourteen per cent of all men between eighteen and thirty-five who appeared for the draft were disqualified because of personality disorders. This represented thirty-nine per cent of all rejections. Most of these were men who had managed to get along in civilian life without much difficulty and should have been able to do so equally well after an induction examination. Of those who were accepted and who later received medical discharges, forty per cent had neuropsychiatric difficulty. How many of this group had been in apparent good mental health before entering the Army is not known except that they were able to pass the induction two-minute psychiatric examination. For many, their equilibrium was so delicately balanced between mental health and ill health that the new stresses of military life threw them into ill health. Also there was a large group of definitely normally adjusted individuals who were exposed to such extremely severe or prolonged stress that they developed neuroses. But studies suggest that most men, even in this group, had a lower threshold of resistance to stress because of some unresolved psychological conflict which existed long before their Army experience.

Should not the fact that over a third of the men examined were rejected for service in the Army because of personality difficulty be regarded as a red light? What is the matter with the American way

of life that it is so productive of personality disorders? How much of it is the fault of the home, the educational system, the community organization? Why is it that we become so responsive to a cause like poliomyelitis and ignore so completely a problem one thousand times greater? Could not personality evaluation be more effectively used in education, in vocational training, in industrial placement, for marital choices, and to measure parental capability?

The uniformity and the mandatory conformist policy of the Army gave an opportunity to observe the effect of various types of stress on different personalities. This situation was unique in providing a comparative standard of behavior against which to compare any individual with the rest of his group.

The psychiatrists who worked in the field, those who lived with troops, more so than those who worked in hospitals, were deeply impressed with the importance of the external stress in the production of psychiatric casualties. Only by experience could the severity of the stresses be appreciated—the intensity and strenuousness of basic training, the adverse effect of isolation and extremes of climate, monotony and privation, the near inhuman existence in combat. The stresses were so great and so obvious that the psychiatrist, if he had time, was likely to ask himself, not “Why does the man break?” but “What factors enable the soldier to continue in such hell?”

Contributing to the psychiatrist's consciousness of the significance of the external stresses may have been the lack of opportunity to study intensively the internal stresses of particular casualties. He did not minimize the internal psychological conflicts, the force of the conscious and unconscious conscience. He knew that the end result in any particular casualty could not be explained without a detailed knowledge of the individual's personality profile.

One cannot ignore the fact that the soldier's ability to identify with his group not only depended on leadership's effort in this direction but also on his personality structure. Certainly, early home situations, whether by spoiling or deprivation, weakened the ability of the individual to make subsequent identifications and to withstand stress. In *Men Under Stress*, Grinker and Spiegel pointed out that a background of a broken home caused by divorce, separation, quarrelling of the parents, or death of one parent in the patient's childhood, seems to be closely related to subsequent lack of the normal development of maturity in the child. A gratifying, happy childhood, with bi-parental influences, constitutes a reserve strength on which a man may draw

in time of danger.

To counteract the threat to the personality from constant and heavy stresses the Army tried very hard to provide supports, of which good leadership had probably the greatest value. Also of considerable importance was a man's ability to substitute the friendship and love of and for men in his unit for the temporarily distant civilian ties to family and friends. To be sure no man with a strong emotional tie to parents, wife, children, ever more than very superficially transferred his emotions to his comrades. When the folks at home were able to carry on to a more or less comfortable degree, he had more emotion to invest in his job of soldiering.

Living day in and day out with the same people under difficult and often harrowing circumstances made fellow soldiers very dependent on each other and their group. The soldier's dependency on those in his unit and those at home sustained him in his struggle to maintain his personal integrity. Under circumstances when a man had strong support, even with previous history of episodes of maladjustment, he was able to remain effective for prolonged periods of combat of the most trying sort. This formed a dramatic contrast to the previously stable man who was isolated from his officers, his unit, pinned into a shellhole under intensive fire, who emerged from the experience as a psychiatric casualty.

In a society in which external stress is a constant threat perhaps there are some uses for these methods which the Army discovered of conserving mental health. What supports can be supplied to counteract the pressure of stress in the home or on the job? Will those forces which were effective in the Army apply? Have we focused attention upon the individual psychological conflicts to the neglect of the possibilities inherent in manipulation of the external environment? As an individual becomes aware of the importance of external stress and his own limit of adjustment, will this knowledge enable him to increase his capacity to adjust or alter his environment?

When so huge an Army was formed and of necessity with great speed, some of the bad were chosen along with the good. For a time the Army had to run the largest penal program in the world. The contribution of psychiatry to this program was one of its noteworthy achievements. This took the form of individual personality evaluation of each prisoner, recommendation for management and specific rehabilitation, group psychotherapy, suggestions regarding detention and clemency.

The implications for civilian life are obvious. Many of those soldiers turned out not to be "bad boys." There were many who, very simply stated, had made a mistake. Furthermore, there were several "mistakes" in the Army without parallel in civilian life—A.W.O.L., insubordination, asleep on guard, cowardice in the face of the enemy. Many soldiers in this group were living indictments of their home training and guidance. Still others were an indictment of their communities. The Army established a model of rehabilitation effort (available to anyone for the asking) that could profitably be copied by our state penitentiaries and reformatories.

In the Army, when a man became ineffective he reduced the efficiency of his unit, so that immediate steps were taken to find the cause of the deficiency. He was usually sent to the dispensary or the outpatient clinic, often for symptoms such as irritability or sleeplessness which might have been tolerated by the soldier. Men thus found their way to the medical officer much earlier and often for less serious causes than they might have in civilian life. The dispensary surgeon was likely to see infinitely more cases of homesickness than pneumonia.

In the personality difficulties, some form of anxiety was the key to the trouble in almost every case. It was manifested as fear, a sense of failure, disappointment, frustration, resentment. Sometimes the anxiety was recognized as such by the individual; more often it was manifested in less obvious nervous symptoms. One of the commonest forms of its reflections was in the disturbances of the various organs of the body—most commonly the stomach, the intestinal tract, or the heart. This group of difficulties in medicine, referred to as psychosomatic medicine, comprised a major portion of the practice of all medical officers.

In the Army ninety-three per cent of the psychiatrist's work was concerned with the mild and minor personality disturbances; only seven per cent of his hospital load were psychotic, the insane. He spent nearly all of his time with the same type of problems which confronted all physicians. It was he, also, who was frequently called to the medical and surgical and other special services to consult about the functional illness in which no physical evidence could be found. The immediate result of this unexpected number of patients with neurotic and psychosomatic pictures was the general acceptance of the psychiatrist as an essential member of the medical team. He was given an opportunity to work as a

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Parents' Questions and Discussion

The questions published here are selected and discussed by the staff of the Child Study Association, and the answers written by various members. The department is edited by Helen G. Sternau.

In my work as a public health nurse I find difficulty in helping parents with feeding problems. We have a case now of a seriously undernourished child—a little girl of three, thin, pale, nervous and chronically fatigued. The doctor has prescribed the obviously needed diet, but the mother can't get the child to drink milk or eat fresh vegetables or eggs—or in fact an adequate amount of anything. It seems that there is a battle at every meal and the mother can't or won't carry out our standard advice about presenting meals without coaxing or comment and stopping all between-meal feeding. What can we do?

These severe feeding problems are not easy to handle. Of course, this child needs more food, but one can seldom treat such a situation in terms of food alone. The battle between the mother and the child is the real crux of the problem. Food is just one sphere in which it is expressed. Malnutrition itself is not wholly a physical problem in this type of child. The symptoms are due in part to the emotional strain which she is under. A vicious circle is set up. The child's nervous condition destroys all desire for food, while the mother's anxiety forces her to increase the pressures continually.

This mother will need help in terms of her whole relation to her child. She should, if possible, be referred to a guidance clinic or family case work service. But in your own approach to her you might assist considerably by suggesting that she worry less about *what* the child eats, for the time being, and bend her efforts toward making food a pleasant experience. Suggest all the ways in which needed foods can be made attractive. Milk can be served in custards or puddings or cooked into cereals, cream soups or cocoa. Eggs are often fun to eat picnic-fashion, hard-boiled. Raw vegetables are relished by many youngsters who dislike them cooked—especially the kind that can be eaten in one's fingers. Eating between meals need not be proscribed if the food offered is the right kind—fruit, graham crackers, a peanut butter sandwich—anything nourishing and

not too sweet. Often these little treats are a real help in building up the child's body and in making her *like to eat*. They help, too, to reduce the mother's fear that her child is starving. If you can help them both to relax there will be fewer battles and the child's appetite will gradually increase.

The Army authorities are rumored to be complaining that the average drafted man is "immature"—even for eighteen, that is. Since my own fifteen-year-old is likely to have to go in three years if we have a system of universal military training, I am wondering what I can do in the time remaining to help give him the stamina and sense of responsibility he needs.

The emotional immaturity of the average young American has, it is true, been of concern to Army psychiatrists. Perhaps, in part, it is a result of our system of prolonged education by which so many are kept in high school without caring for what they get there, while having so little offered which meets their real needs. We have postponed the age of genuine responsibility in the "real" world and substituted a world of books instead. I am well aware of the real dilemma presented here. Young people do need what we call an education. On the other hand, they also need work and responsibility, need to be out from the constant authority of parents and teachers and to engage in work of many kinds in daily contacts with other adults.

Today there are summer work camps and other chances for vacation job experiences, coast-to-coast railroad trips, or hikes on which boys go together or with a slightly older leader, exploring different parts of our country and making their way. Frequently these adventures involve some risks, but parents will have to decide whether the physical dangers are perhaps worth accepting for the sake of the real gains in independence. Perhaps your son has already shown an eagerness to do something a bit more adventurous "on his own" and has definite ideas. If so, you may find ways of encouraging him. If not, you might consider some of the summer work groups.

Many boys, it is true, from the less privileged groups, may be thought to have too much freedom—too little guidance from grown-ups. They, too, are immature. My point is not that adolescents need freedom in the sense of "doing as they please," but

that they need encouragement to take more and more adult responsibility in association with responsible and friendly adults. Sometimes these opportunities present themselves within the family setting. Sometimes a young person gets it best by venturing afield.

Actually, young people who seem completely incapable of taking responsibility usually come from the type of family, whether rich or poor, which has never given them a sense of "belonging." Their earliest childhood has been lacking in parental ties which have furnished warmth and a sense of security. Education for maturity actually begins not at adolescence, but in the cradle.

My son is nine years old. He doesn't play with boys of his own age, prefers to go places and do things with his mother. I'm afraid that he could be described as a "mama's boy." I'm greatly concerned, in view of all the data since the war about the maladjustments due to over-protection. What do we do to break this tie to his mother and get him out into the rough and tumble world of be-men?

You are right to be concerned about your boy. Over-protection can be devastating, in that the child never gets a sense of himself. He needs the thrill of independence, the glow of accomplishment, and admiration for such accomplishment from his parents and from other boys and girls. Otherwise he may never develop any self-esteem. If he has nothing to draw on from himself, he will need constant reassurance from the outside world. But we mustn't try to remedy over-protection with under-protection. Pushing him out too suddenly will only undermine his confidence the more.

Most fathers are disappointed if their boys are not taking part in so-called masculine activities. Perhaps you think your boy is too soft, too timid, a "sissy." He probably senses your feeling that he should "stand on his own feet, and be a man." We certainly want him to be a man and he probably wants to. But he must come to it in his own way. There are many manly activities besides athletics.

Your boy may have a wide variety of interests that would take on a manly quality if only he had the companionship of a man, especially his own father. Then he can learn to feel comfortable with other boys of his own age. If you get to know your son, discover his interests, and share them with enthusiasm, one day you will feel sure that here, after all, is the son of your dreams. With your interest and respect, the boy will get a genuine feeling

of worthwhileness, and will be able to make his own kind of contribution to the world of his peers.

When we found some years ago that we could not have a child of our own, my husband and I adopted a little boy. Bobbie was almost a year old when we took him from the foundling home—a normal, healthy baby, according to our own pediatrician who examined him at the time. Now Bobbie is four. He is a happy, sturdy little boy, destructive and obstinate at times, but no more so than most toddlers, I think, and seems quite normal to me. I must admit, though, that I'm terrified now, after hearing that talk at your recent conference on the personalities of "institution babies." Do these children always come out so badly, and will all our loving care count for nothing?

It is easy to understand your distress on hearing the shocking facts disclosed in Dr. Bender's talk. We do have to call attention to these findings if ever we are to develop better ways of caring for dependent babies; but we don't want to frighten people needlessly. I don't think that you personally need be too worried about your particular child. Your own description of Bobbie is reassuring. If he seems to be developing normally and is no harder to manage than other four-year-olds, you have every reason to feel that he will continue to make a good adjustment.

Fortunately Bobbie's period of institutional life was not prolonged. He was in your home by the time he was learning to walk and talk and explore the world. That's very important. (You will recall that most of the children Dr. Bender described had had two or three years of institutional care.) And Bobbie may easily have had a much less cold and deprived early infancy than many of those seriously damaged children.

Institutions are never the best places for babies, but they differ considerably in their methods. In some the babies are held in an attendant's arms while they are being fed, for example; in others they are just propped up with their bottles in their mouths while one nurse walks up and down the rows to make sure no baby chokes. Such differences count. More important still, individual attendants differ markedly in the warmth they show to little babies. I have seen hospital nurses crooning and talking to new-born babies while they bathed and fed them, just as a mother does. I have seen others who went through every routine scrupulously with about as much feeling as a robot. Bobbie may have been one of the

lucky babies who had a motherly nurse most of the time. Let's hope so. The important thing now is to keep on loving him and believing in him so that he will have every chance to go on developing as well as he has so far.

Suggestions for Study: New Vistas in Mental Hygiene

GUIDING PRINCIPLES

I. ALL COMMUNITIES NEED PSYCHIATRIC SERVICES

The Army was extraordinarily successful in reclaiming its prison offenders under a system which made full use of psychiatric and social work techniques. This experience illustrates again how much could be done in salvaging human waste; how much might have been done to prevent many of these difficulties. We know that many people in all walks of life need help with complex problems of human relationship. All communities should make such help available through the schools, health services and clinics.

II. SOCIETY CAN LEARN FROM THE ARMY'S EXPERIENCE IN BUILDING MORALE

Psychiatrists entrusted with Army morale learned lessons which we might apply in times of peace. They found that men could withstand strain more successfully if they felt themselves closely a part of the group with which they served. They found that good leadership was tremendously important. They found that good motivation was, perhaps, the most important of all. Men need to understand the importance of the task at hand before they can give themselves fully. These lessons might well be applied in government, industry and family life to build greater unity and security. But we must weigh our methods carefully in order to preserve the values inherent in dissent. We cannot afford to foster blind loyalty to any leader, nor blind acceptance of the aims of the majority at any given time.

III. PSYCHIATRY AND OTHER FORMS OF MEDICINE MUST FORM A CLOSER PARTNERSHIP

Army medical experience has illustrated again the close relationship of body and mind and the need for exploring both factors in treating any form of illness. Many doctors who previously had been resistant to this psychosomatic (mind-body) approach learned its value through their work in Army hospitals. It is to be hoped that this close cooperation between psychiatry and other branches of medicine will continue and become much more general in the future. Laymen, as well as doctors, should learn to think of illness in these terms.

IV. PUBLIC HEALTH WORKERS ARE LOOKING TO PSYCHIATRY FOR HELP

Public health services have saved the lives of countless babies and curbed or controlled many of the most dreaded contagious diseases. But they have been less successful in teaching parents to cope with the behavior problems of children which are closely related to health. In fact some doctors and nurses

have begun to suspect that their own well-meant but rigid advice may have helped to create such problems. They are turning to psychiatry for new light on the guidance of normal children. While there is still need for more research, we have now a great body of knowledge in this field which can and should be made available to all parents.

V. BABIES NEED FAMILIES

In most communities dependent babies are cared for in hospitals or other institutions until they are two or three years old, even if they are subsequently placed in foster homes. Studies of such children show that they fail to develop fully because they have lacked the vital stimulus of warm personal care and normal "mothering" in the early years. Babies need emotional warmth and they need a chance to know and love one mother person continuously. Psychiatrists have found no way to undo the serious damage to personality that results when these needs are not met. While institutional methods differ, some far better than others, no institution is a real substitute for the normal family setting. It seems clear that we must get babies out of institutions as soon as possible and devise better ways to care for them. In the meantime, every effort should be made to select institutional attendants of a warm, motherly type and to revise institutional practices to provide a maximum of continuous mothering. In this respect Anna Freud's experiments in the Hampstead Nurseries are suggestive.

QUESTIONS TO ANSWER

1. Would you welcome more psychiatric influence in your schools and health centers? Does your community need a child guidance clinic or a family counseling service? Can you cite any cases which you know personally where such help is needed?
2. Why do ordinary parents need to know something about the psychosomatic approach to medicine? What part might knowledge play in the selection of a family doctor or pediatrician? How might it influence a parent's ability to cooperate with the doctor in solving common problems such as malnutrition, colds, stomach upsets, allergies, or bed-wetting?
3. What can mothers learn about the care of their own babies from Dr. Bender's material on institutional children? What light does it throw on the importance of warmth and mothering in the early months? What about that detached "objectivity" that was so popular in some quarters a generation ago?

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Sex Education

A STORY*

DOROTHY CANFIELD FISHER

IT WAS three times—but at intervals of many years—that I heard my Aunt Minnie tell about an experience of her girlhood that had made a never-to-be-forgotten impression on her. The first time she was in her thirties, still young. But she had been married for ten years, so that to my group of friends, all in the early teens, she seemed quite of another generation.

The day she told us the story we had been idling on one end of her porch as we made casual plans for a picnic supper in the woods. Darning stockings at the other end, she paid no attention to us until one of the girls said, "Let's take blankets and sleep out there. It'd be fun."

"No," Aunt Minnie broke in sharply, "you mustn't do that."

"Oh, for goodness sake, why not!" said one of the younger girls, rebelliously. "The boys are always doing it. Why can't we, just once?"

Aunt Minnie laid down her sewing. "Come here, girls," she said, "I want you should hear something that happened to me when I was your age."

Her voice had a special quality which, perhaps, young people of today would not recognize. But we did. We knew from experience that it was the dark voice grown-ups used when they were going to say something about sex.

Yet at first what she had to say was like any dull family anecdote. She had been ill when she was fifteen; and afterwards she was run down, thin, with no appetite. Her folks thought a change of air would do her good, and sent her from Vermont out to Ohio—or was it Illinois? I don't remember. Anyway, one of those places where the corn grows high. Her mother's Cousin Ella lived there, keeping house for her son-in-law.

The son-in-law was the minister of the village church. His wife had died some years before, leaving him a young widower with two little girls and a baby boy. He had been a normally personable man then, but the next summer, on the Fourth of July, when he was trying to set off some fireworks to amuse his children, an imperfectly manufactured rocket had

burst in his face. The explosion had left one side of his face badly scarred. Aunt Minnie made us see it, as she still saw it, in horrid detail—the stiffened, scarlet scar-tissue distorting one cheek, the lower lip turned so far out at one corner that the moist red mucous membrane lining always showed, one lower eyelid hanging loose, and watering.

After the accident, his face had been a long time healing. It was then that his wife's elderly mother had gone to keep house and take care of the children. When he was well enough to be about again, he found his position as pastor of the little church waiting for him. The farmers and village people in his congregation, moved by his misfortune, by his faithful service and by his unblemished character, said they would rather have Mr. Fairchild, even with his scarred face, than any other minister. He was a good preacher, Aunt Minnie told us, "and the way he prayed was kind of exciting. I'd never known a preacher, not to live in the same house with him, before. And when he was in the pulpit, with everybody looking up at him, I felt the way his children did, kind of proud to think we had just eaten breakfast at the same table. I liked to call him 'Cousin Malcolm' before folks. One side of his face was all right, anyhow. You could see from that that he *had* been a good-looking man. In fact, probably one of those ministers that all the women—" Aunt Minnie paused, drew her lips together, and looked at us uncertainly.

Then she went back to the story as it happened—as it happened that first time I heard her tell it. "I thought he was a saint. Everybody out there did. That was all *they* knew. Of course, it made a person sick to look at that awful scar—the drooling corner of his mouth was the worst. He tried to keep that side of his face turned away from folks. But you always knew it was there. That was what kept him from marrying again, so Cousin Ella said. I heard her say lots of times that he knew no woman would touch any man who looked the way he did, not with a ten-foot pole.

"Well, the change of air did do me good. I got my appetite back, and ate a lot and played outdoors a lot with my cousins. They were younger than I

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(I had my sixteenth birthday there) but I still liked to play games. I got taller and laid on some weight. Cousin Ella used to say I grew as fast as the corn did. Their house stood at the edge of the village. Beyond it was one of those big cornfields they have out West. At the time when I first got there, the stalks were only up to a person's knee. You could see over their tops. But it grew like lightning, and before long, it was the way thick woods are here, way over your head, the stalks growing so close together it was dark under them.

"Cousin Ella told us youngsters that it was lots worse for getting lost in than woods, because there weren't any landmarks in it. One spot in a cornfield looked just like any other. 'You children keep out of it,' she used to tell us almost every day, 'especially you girls. It's no place for a decent girl. You could easy get so far from the house nobody could hear you if you hollered. There are plenty of men in this town that wouldn't like anything better than——' she never said what.

"In spite of what she said, my little cousins and I had figured out that if we went across one corner of the field, it would be a short-cut to the village, and sometimes, without letting on to Cousin Ella, we'd go that way. After the corn got really tall, the farmer stopped cultivating, and we soon beat a path in the loose dirt. The minute you were inside the field it was dark. You felt as if you were miles from anywhere. It sort of scared you. But in no time the path turned and brought you out on the far end of Main Street. Your breath was coming fast, maybe, but that was what made you like to do it.

"One day I missed the turn. Maybe I didn't keep my mind on it. Maybe it had rained and blurred the tramped-down look of the path. I don't know what. All of a sudden, I knew I was lost. And the minute I knew that, I began to run, just as hard as I could run. I couldn't help it, any more than you can help snatching your hand off a hot stove. I didn't even know I *was* running, till my heart was pounding so hard I had to stop.

"The minute I stood still, I could hear Cousin Ella saying, 'There are plenty of men in this town that wouldn't like anything better than——' I didn't know, not really, what she meant. But I knew she meant something horrible. I opened my mouth to scream. But I put both hands over my mouth to keep the scream in. If I made any noise, one of those men would hear me. I thought I heard one just behind me, and whirled around. And then I thought another one had tiptoed up behind me, the

other way, and I spun around so fast I almost fell over. I stuffed my hands hard up against my mouth. And then—I couldn't help it—I ran again—but my legs were shaking so I soon had to stop. There I stood, scared to move for fear of rustling the corn and letting the men know where I was. My hair had come down, all over my face. I kept pushing it back and looking around, quick, to make sure one of the men hadn't found out where I was. Then I thought I saw a man coming toward me, and I ran away from him—and fell down, and burst some of the buttons off my dress, and was sick to my stomach—and thought I heard a man close to me and got up and staggered around, knocking into the corn because I couldn't even see where I was going.

"And then, off to one side, I saw Cousin Malcolm. Not a man—— The minister. He was standing still, one hand up to his face, thinking. He hadn't heard me.

"I was so *terrible* glad to see him, instead of one of those men, I ran as fast as I could and just flung myself on him, to make myself feel how safe I was."

Aunt Minnie had become strangely agitated. Her hands were shaking, her face was crimson. She frightened us. We could not look away from her. As we waited for her to go on, I felt little spasms twitch at the muscles inside my body. "And what do you think that *saint*, that holy minister of the Gospel, did to an innocent child who clung to him for safety? The most terrible look came into his eyes—you girls are too young to know what he looked like. But once you're married, you'll find out. He grabbed hold of me—that dreadful face of his was *right on mine*—and began clawing the clothes off my back."

She stopped for a moment, panting. We were too frightened to speak. She went on: "He had torn my dress right down to the waist before I—then I *did* scream—all I could—and pulled away from him so hard I almost fell down, and ran and all of a sudden I came out of the corn, right in the backyard of the Fairchild house. The children were staring at the corn, and Cousin Ella ran out of the kitchen door. They had heard the screaming. Cousin Ella shrieked out, 'What is it? What happened? Did a man scare you?' And I said, 'Yes, yes, yes, a man—I ran—!' And then I fainted away. I must have. The next thing I knew I was on the sofa in the living-room and Cousin Ella was slapping my face with a wet towel."

She had to wet her lips with her tongue before she

could go on. Her face was gray now. "There! That's the kind of thing girls' folks ought to tell them about—so they'll know what men are like."

She finished her story as if she were dismissing us. We wanted to go away, but we were too horrified to stir. Finally, one of the youngest girls asked in a low trembling voice, "Aunt Minnie, did you tell on him?"

"No, I was ashamed to," she said briefly. "They sent me home the next day, anyhow. Nobody ever said a word to me about it. And I never did either. Till now."

By what gets printed in some of the modern child psychology books, you would think that girls to whom such a story had been told would never develop normally. Yet, as far as I can remember what happened to the girls in that group, we all grew up about like anybody. Most of us married, some happily, some not so well. We kept house. We learned—more or less—how to live with our husbands; we had children and struggled to bring them up right—we went forward into life just as if we had never been warned not to.

Perhaps, young as we were that day, we had already had enough experience of life so that we were not quite blank paper for Aunt Minnie's frightening story. Whether we thought of it then or not, we couldn't have failed to see that at this very time Aunt Minnie had been married for ten years or more, comfortably and well married, too. Against what she tried by that story to brand into our minds, stood the cheerful homelife in that house, the good-natured, kind, hard-working husband, and the children—the three rough-and-tumble, nice little boys, so adored by their parents, and the sweet girl baby who died, of whom they could never speak without tears. It was such actual contact with adult life that probably kept generation after generation of girls from being scared by tales like Aunt Minnie's into a neurotic horror of living. . . .

Of course, since Aunt Minnie was so much older than we were, her boys grew up to be adolescents and young men while our children were still little enough so that our worries over them were nothing more serious than whooping cough and trying to get them to make their own beds. Two of our aunt's three boys followed, without losing their footing, the narrow path which leads across adolescence into normal adult life. But the middle one, Jake, repeatedly fell off into the morass. "Girl trouble," as the succinct family phrase put it. He was one of those boys who have "charm," whatever we mean by that, and

he was always being snatched at by girls who would be "all wrong" for him to marry. And once, at nineteen, he ran away from home, whether with one of these girls or not we never heard, for through all her ups and downs with this son, Aunt Minnie tried fiercely to protect him from scandal that might cloud his later life.

Her husband had to stay on his job to earn the family living. She was the one who went to find Jake. When it was gossiped around that Jake was "in bad company" his mother drew some money from the family savings-bank account, and silent, white-cheeked, took the train to the city where rumor said he had gone.

Some weeks later he came back with her. With no girl. She had cleared him of that entanglement. As of others, which followed later. Her troubles seemed over when, at a "suitable" age, he fell in love with a "suitable" girl, married her and took her to live in our shire town, sixteen miles away, where he had a good position. Jake was always bright enough.

Sometimes, idly, people speculated as to what Aunt Minnie had seen that time she went after her runaway son, wondering where her search for him had taken her—very queer places for Aunt Minnie to be in, we imagined. And how could such an ignorant home-keeping woman ever have known what to say to an errant wilful boy to set him straight?

Well, of course, we reflected, watching her later struggles with Jake's erratic ways, she certainly could not have remained ignorant, after seeing over and over what she probably had; after talking with Jake about the things which, a good many times, must have come up with desperate openness between them.

She kept her own counsel. We never knew anything definite about the facts of those experiences of hers. But one day she told a group of us—all then married women—something which gave us a notion about what she had learned from them. . . .

We were hastily making a layette for a not especially welcome baby in a poor family. In those days, our town had no such thing as a district-nursing service. Aunt Minnie, a vigorous woman of fifty-five, had come in to help. As we sewed, we talked, of course; and because our daughters were near or in their teens, we were comparing notes about the bewildering responsibility of bringing up girls.

After a while, Aunt Minnie remarked: "Well, I hope you teach your girls some *sense*. From what I read, I know you're great on telling them 'the facts,' facts we never heard of when we were girls. Like as

not, some facts I don't know, now. But knowing the facts isn't going to do them any more good than *not* knowing the facts ever did, unless they have some sense taught them too."

"What do you mean, Aunt Minnie?" one of us asked her uncertainly.

She reflected, threading a needle: "Well, I don't know but what the best way to tell you what I mean, is to tell you about something that happened to me, forty years ago. I've never said anything about it before. But I've thought about it a good deal. Maybe——"

She had hardly begun when I recognized the story—her visit to her Cousin Ella's midwestern home, the widower with his scarred face and saintly reputation and, very vividly, her getting lost in the great cornfield. I knew every word she was going to say—to the very end, I thought.

But no, I did not. Not at all.

She broke off, suddenly, to exclaim with impatience: "Wasn't I the big ninny? But not so big a ninny as that old cousin of mine. I could wring her neck for getting me in such a state. Only she didn't know any better, herself. That was the way they brought young people up in those days, scaring them out of their wits about the awfulness of getting lost, but not telling them a thing about how *not* to get lost. Or how to act, if they did.

"If I had had the sense I was born with, I'd have known that running my legs off in a zigzag was the worst thing I could do. I couldn't have been more than a few feet from the path when I noticed I wasn't on it. My tracks in the loose ploughed dirt must have been perfectly plain. If I'd h' stood still, and collected my wits, I could have looked down to see which way my footsteps went and just walked back over them to the path and gone on about my business.

"Now I ask you, if I'd been told how to do that, wouldn't it have been a lot better protection for me—if protection was what my cousin thought she wanted to give me—than to scare me so at the idea of being lost that I turned deaf-dumb-and-blind when I thought I was?

"And anyhow that patch of corn wasn't as big as she let on. And she knew it wasn't. It was no more than a big field in a farming country. I was a well-grown girl of sixteen, as tall as I am now. If I couldn't have found the path, I could have just walked along one line of cornstalks—*straight*—and I'd have come out somewhere in ten minutes. Fifteen at the most. Maybe not just where I wanted to go. But

all right, safe, where decent folks were living."

She paused, as if she had finished. But at the inquiring blankness in our faces, she went on: "Well now, why isn't teaching girls—and boys, too, for the Lord's sake don't forget they need it as much as the girls—about this man-and-woman business, something like that? If you give them the idea—no matter whether it's *as* you tell them the facts, or as you *don't* tell them the facts, that it is such a terribly scary thing that if they take a step into it, something's likely to happen to them so awful that you're ashamed to tell them what—well, they'll lose their heads and run around like crazy things, first time they take one step away from the path.

"For they'll be trying out the paths, all right. You can't keep them from it. And a good thing, too. How else are they going to find out what it's like. Boys' and girls' going together is a path across one corner of growing up. And when they go together they're likely to get off the path some. Seems to me it's up to their folks to bring them up so, when they do, they don't start screaming and running in circles, but stand still, right where they are, and get their breath and figure out how to get back.

"And, anyhow, you don't tell 'em the truth about sex" (I was astonished to hear her use the actual word, tabu to women of her generation) "if they get the idea from you that it's all there is to living. It's not. If you don't get to where you want to go in it, well, there's a lot of landscape all around it a person can have a good time in.

"D'you know, I believe one thing that gives girls and boys the wrong idea is the way folks *look*! My old cousin's face, I can see her now, it was as red as a rooster's comb when she was telling me about men in that cornfield. I believe now she kind of *liked* to talk about it."

(Oh, Aunt Minnie—and yours! I thought.)

Someone asked, "But how *did* you get out, Aunt Minnie?"

She shook her head, laid down her sewing. "More foolishness. That minister my mother's cousin was keeping house for—her son-in-law—I caught sight of him, down along one of the aisles of cornstalks, looking down at the ground, thinking, the way he often did. And I was so glad to see him I rushed right up to him, and flung my arms around his neck and hugged him. He hadn't heard me coming. He gave a great start, put one arm around me and turned his face full toward me—I suppose for just a second he had forgotten how awful one side of it was. His expression, his eyes—well, you're all married women,

you know how he looked, the way any able-bodied man thirty-six or seven, who'd been married and begotten children, would look—for a minute, anyhow, if a full-blooded girl of sixteen, who ought to have known better, flung herself at him without any warning, her hair tumbling down, her dress half-unbuttoned, and hugged him with all her might.

"I was what they called innocent in those days. That is, I knew just as little about what men are like as my folks could manage I should. But I was old enough to know all right what that look meant. And it gave me a start. But, of course, the real thing of it was that dreadful scar of his, so close to my face—that wet corner of his mouth, his eye drawn down with the red inside of the lower eyelid showing—

"It turned me so sick, I pulled away with all my might, so fast that I ripped one sleeve nearly loose, and let out a screech like a wildcat. And ran. Did I run! And in a minute, I was through the corn and had come out in the backyard of the house. I hadn't been more than a few feet from it, probably, any of the time. And then I fainted away. Girls were always fainting away; it was the way our corset-strings were pulled tight, I suppose, and then—oh, a lot of fuss."

"But, anyhow," she finished, picking up her work and going on, setting neat, firm stitches with steady hands, "there's one thing; I never told anybody it was Cousin Malcolm I had met in the cornfield. I told my old cousin that 'a man had scared me.' And nobody said anything more about it to me, not ever. That was the way they did in those days. They thought if they didn't let on about something, maybe it wouldn't have happened. I was sent back to Vermont right away and Cousin Malcolm went on being minister of the church."

"I've always been," said Aunt Minnie moderately, "kind of proud that I didn't go and ruin a man's life for just one second's slip-up. If you could have called it that. For it *would* have ruined him. You know how hard as stone people are about other folks' let-downs. If I'd have told, not one person in that town would have had any charity. Not one would have tried to understand. One slip, *once*, and they'd have pushed him down in the mud. If I had told, I'd have felt pretty bad about it, later—when I came to have more sense. But I declare, I can't see how I came to have the decency, dumb as I was then, to know that it wouldn't be fair. . . ."

It was not long after this talk that Aunt Minnie's elderly husband died, mourned by her, by all of us. She lived alone then. It was peaceful October

weather for her, in which she kept a firm roundness of face and figure, as quiet-living countrywomen often do, on into her late sixties.

But then Jake, the boy who had girl trouble, had wife trouble. We heard he had taken to running after a young girl, or was it that she was running after him? It was something serious. For his nice wife had left him and come back with the children to live with her mother in our town. Poor Aunt Minnie used to go to see her for long talks which made them both cry. And she went to keep house for Jake, for months at a time.

She grew old, during those years. When finally she (or something) managed to get the marriage mended so that Jake's wife relented and went back to live with him, there was no trace left of her pleasant brisk freshness. She was stooped and slow-footed and shrunk. We, her kinspeople, although we would have given our lives for any one of our own children, wondered whether Jake was worth what it had cost his mother to—well, steady him, or reform him. Or perhaps just understand him. Whatever it took.

She came of a long-lived family and was able to go on keeping house for herself well into her eighties. Of course, we and the other neighbors stepped in often to make sure she was all right. Mostly, during those brief calls, the talk turned on nothing more vital than her geraniums. But one midwinter afternoon, sitting with her in front of her cozy stove, I chanced to speak in rather hasty blame of someone who had, I thought, acted badly. To my surprise this brought from her the story about the cornfield which she had evidently quite forgotten telling me, twice before.

This time she told it almost dreamily, swaying to and fro in her rocking-chair, her eyes fixed on the long slope of snow outside her window. When she came to the encounter with the minister she said, looking away from the distance and back into my eyes: "I know that I had been, all along, kind of *interested* in him, the way any girl as old as I was would be in any youngish man living in the same house with her. And a minister, too. They have to have the gift of gab so much more than most men, women get to thinking they are more alive than men who can't talk so well. I *thought* the reason I threw my arms around him was because I had been so scared. And I certainly had been scared by my old cousin's horrible talk about the cornfield being

(Continued on page 98)

Books of 1945

For Parents, Teachers and Professional Workers in Social Work, Child Guidance and Family Relations

*Selected by the Bibliography Committee of the Child Study Association of America,
Frances H. Jameison, Chairman*

The year 1945 brought forth comparatively few valuable books addressed directly to parents and more than the usual number of important technical books. The Committee has classified its listings accordingly, and has included in its suggestions for parents and teachers a few general books on topics of special current interest to families, such as veterans' problems, intercultural education and the newer approaches to medicine.

I. BOOKS OF GENERAL INTEREST TO PARENTS AND TEACHERS

**BACK TO LIFE: The Emotional Adjustment of
Our Veterans**\$2.50
By Herbert I. Kupper, M.D.
L. B. Fisher, 1945. 220 pp.

A psychiatrist discusses our fighting men and their readjustment problems in simple, non-technical language but with genuine insight into the deeper emotional experiences involved.

DEMOCRATIC EDUCATION\$2.50
By Benjamin Fine
Thomas Y. Crowell Co., 1945. 241 pp.

An objective picture of the divergent trends in American education at the college level, describing the existent types of American colleges and discussing their avowed aims in terms of the educational needs of a democracy.

THE DOCTOR'S JOB\$3.00
By Carl Binger, M.D.
W. W. Norton and Co., 1945. 243 pp.

A wise physician explains the psychosomatic approach to medicine and discusses the doctor's role in a very readable book which should help laymen and doctors alike.

EDUCATION FOR RURAL AMERICA\$2.50
Edited by Floyd W. Reeves.
University of Chicago Press, 1945. 213 pp.

Articles from a 1944 conference on Education in Rural Communities. Includes consideration of some broader sociological and economic aspects of the problem.

**FOR US THE LIVING: An Approach to Civic
Education**\$3.00
By John J. Mahoney.

Harper and Bros., 1945. 344 pp.

A plea and a plan for better civic education to meet some pressing problems of our democracy. Assembles pertinent material for teachers from many diverse sources. Realistic and helpful despite some points—including its position on religious education—which many will consider controversial.

GENERAL EDUCATION IN A FREE SOCIETY:
Report of the Harvard Committee.\$2.00
Introduction by James Bryant Conant.
Harvard University Press, 1945. 267 pp.

A revealing analysis of the pressing problems in American secondary and college education, which becomes, however, traditional and academic in its search for answers.

HELPING TEACHERS UNDERSTAND CHILDREN \$3.50
By the Staff of the Division on Child Development and
Teacher Personnel. Prepared for the Commission
on Teacher Education.
American Council on Education, 1945. 468 pp.

Reports in revealing detail a dynamic project in teacher education through which one school system—aided by experts from the Commission—led its teachers toward greater insight into children's emotional needs.

JUVENILE DELINQUENCY AND THE SCHOOL ..\$2.00
By William C. Kvaraceus.
World Book Co., 1945. 337 pp.

A description of the work of one community in combating juvenile delinquency through cooperative efforts centered in the school system. Should be suggestive for other local groups.

LET'S TALK ABOUT YOU\$1.50
By Marguerite Harmon Bro.
Doubleday, Doran and Co., 1945. 213 pp.

Friendly, readable advice for young adolescent girls concerning their everyday problems and perplexities. Helpful for the not too sophisticated group.

This Supplementary List includes only books published in 1945. It is of necessity limited by the offerings of that year. For a more balanced library on parent education and family life, the Bibliography Committee suggests its PARENTS' BOOKSHELF, a selected list of some forty titles, last revised in the spring of 1945. (Available for 15 cents.) A comprehensive List of Books for Parents, Teachers and Professional Workers, re-evaluating the literature of the last two decades, is now in preparation and will be available in the fall as the first publication of the Bird Stein Gans Memorial Fund.

MAN'S MOST DANGEROUS MYTH: The Fallacy of Race\$3.25
By M. F. Ashley Montagu.
Columbia University Press, 1945. 304 pp.

A revised and enlarged edition of an outstanding book on race which combines psychological and anthropological insight with real social concern.

PATIENTS HAVE FAMILIES\$3.00
By Henry B. Richardson, M.D.
The Commonwealth Fund, 1945. 408 pp.

A readable and thoughtful book which stresses the importance of the total family situation in the illness of any patient. Reports important material from a cooperative study in a way which should interest all those concerned with family welfare.

A PSYCHIATRIC PRIMER FOR THE VETERAN'S FAMILY AND FRIENDS\$2.00
By Alexander G. Dumas, M.D., and Grace Keen.
University of Minnesota Press, 1945. 214 pp.

Practical advice for the veteran's family. Despite its title, does not attempt to give deep psychiatric understanding, but rather a common-sense approach to many problems.

SCHOOL AND COMMUNITY\$3.75
By Edward G. Olsen.
Prentice-Hall, 1945. 422 pp.

Excellent practical material on school-community cooperation presented in a rather academic manner.

WHEN YOU MARRY\$3.00
By Evelyn Millis Duvall and Reuben Hill.
Association Press, 1945. 450 pp.

Designed primarily as a textbook for a course on marriage and family life, but in readable form so that it will interest many young adults who are seeking information and perspective on their own problems.

Specialized Books on Intercultural Education

These various school plans are, of course, only "first steps" in approaching a very complex community problem. For many who work with young people, they may, however, suggest a practical starting point. More theoretic background material is available in several books on the general list above.

BUILD TOGETHER AMERICANS\$2.00
By Rachel Davis DuBois.
Hinds, Hayden and Eldredge, 1945. 270 pp.

A plea for intercultural education in our schools with work plans for junior high school teachers.

DEMOCRACY'S CHILDREN\$2.00
By Ethel M. Duncan.
Hinds, Hayden and Eldredge, 1945. 189 pp.

A grade school teacher's work in intercultural education described in a manner suggestive for other teachers.

DESIGN FOR AMERICA\$2.00
By Theodore Brameld.
Hinds, Hayden and Eldredge, 1945. 165 pp.

Reports a senior high school project in intercultural education and offers helpful work material for teachers at this level.

GETTING ACQUAINTED WITH OUR JEWISH NEIGHBORS\$1.00
By Mildred Moody Eakin.
Macmillan Co., 1945. 100 pp.

Suggests a simple practical approach for church school leaders who want to increase understanding and respect between children of differing religious backgrounds.

THE SPRINGFIELD PLAN: A Photographic Record \$2.50
By Allard Alexander and James Waterman Wise.
The Viking Press, 1945. 136 pp.

Pictures and simple text explaining the operation of the Springfield plan of intercultural education. Popular in tone.

THE STORY OF THE SPRINGFIELD PLAN\$2.75
By C. I. Chatto and Alice L. Halligan.
Barnes and Noble, 1945. 201 pp.

The aims and workings of the Springfield plan explained in somewhat fuller detail with helpful hints for others who want to develop similar programs.

THEY SEE FOR THEMSELVES: A Documentary Approach to Intercultural Education in the High School\$1.25
By Spencer Brown.
Harper and Bros., 1945. 147 pp.

Describes a high school experiment in intercultural education through direct community exploration and dramatization of the facts revealed. Frank and helpful on a practical teaching level.

Fiction and Biography

The Committee has not made a comprehensive study of the year's new fiction and biography, but suggests a few outstanding titles for their special insight into human relations and family life.

BLACK BOY\$2.50
By Richard Wright. Harper and Bros., 1945. 228 pp.

FOLDED LEAF, THE\$2.50
By William B. Maxwell. Harper and Bros., 1945. 310 pp.

LIGHTS OUT\$2.50
By Baynard Kendrick.
William Morrow and Co., 1945. 239 pp.

SON AND STRANGER\$2.50
By Joan Charles. Harper and Bros., 1945. 265 pp.

TIME TO BE YOUNG\$3.00
By Whit Burnett, Editor.
J. B. Lippincott and Co., 1945. 440 pp.

II. TECHNICAL BOOKS FOR PROFESSIONAL WORKERS AND STUDENTS

THE HUMAN MIND\$5.00
By Karl A. Menninger.
A. A. Knopf, 3rd Ed., 1945. 517 pp.

A new and considerably revised edition of an excellent book on normal and abnormal psychology and psychiatric treatment. For the serious reader, lay or professional.

HYPNOANALYSIS\$4.00
By Lewis B. Wolberg, M.D.
Grune and Stratton, 1945. 341 pp.

An objective and carefully qualified account of a new therapeutic technique which combines hypnosis and psychoanalysis. Of interest to professional workers and others concerned with developments in the field of therapy.

MAN, MORALS AND SOCIETY: A Psychoanalytical Study\$4.50
By J. C. Flügel.
International Universities Press, 1945. 328 pp.

An important technical study of the contributions of psychoanalysis to our understanding of man's moral development. Discusses the implications for education, criminology and social thinking. For the serious student with considerable psychoanalytic background.

MODERN TRENDS IN CHILD PSYCHIATRY . . . \$6.00

*Edited by Nolan D. C. Lewis, M.D., and
Barnard L. Pacella, M.D.*

International Universities Press, 1945. 341 pp.

Technical papers on various aspects of psychiatric work with children presented by leaders in this field. Of interest primarily to professional workers.

**OUR INNER CONFLICTS: A Constructive Theory
of Neurosis . . . \$3.00**

By Karen Horney, M.D.

W. W. Norton and Co., 1945. 250 pp.

Elaborates further the special theory of neurosis which Dr. Horney formulated in "The Neurotic Personality of Our Time." Not very technical, but of interest primarily to those with some psychoanalytic background.

THE PSYCHOANALYTIC STUDY OF THE CHILD \$6.00

*Edited by a group of American and English Psychoanalysts.
Vol. I. 1945. An Annual.*

International Universities Press, 1945. 423 pp.

The first issue of an Annual, presenting important papers on theoretic aspects of child analysis and its applications in education and guidance. Technical and of interest primarily to professional workers.

**THE PSYCHOLOGY OF WOMEN: A Psychoanalytic
Interpretation. Vol. II—Motherhood . . . \$5.00**

By Helen Deutsch, M.D.

Grune and Stratton, 1945. 498 pp.

A revealing analysis of the deeper psychological aspects of women's experiences in mating, child-birth, motherhood, and menopause. Requires some psychoanalytic background but should be of interest to many educated parents.

Book Reviews

Commonsense Book of Baby and Child Care. Benjamin Spock, M.D. Duell, Sloan and Pearce, New York. \$3.00. Illustrated.

This is the book we have all been waiting for. It is an outstanding doctor's book for parents and prospective parents that makes full use of what has been learned about child development, including the emotional development and personality adjustment.

In today's vernacular it has everything! It gives specific directions such as only a physician can and should give on the formulas and procedures of a technical kind; but it also gives wise counsel on those problems which every parent worries about and that are primarily problems of human relations. It includes minute discussions on such varied subjects as diseases, inoculations, vitamin, frozen foods and stuttering. These topics one would look for in a physician's book. But in addition, Dr. Spock discusses "fitting into the outside world," stealing, manners, adopting a child, what school is for, working mothers, "adolescence comes at different ages" and a host of other matters that show his awareness and deep understanding of the complex problems that occur with children and families everywhere.

The book covers the period from birth to twelve years, or the pre-adolescent period, concisely and factually; throughout there is evident a deep understanding and a stimulating confidence in life and the enduring goodness thereof. Raising children, as Dr. Spock presents it, is not a bothersome chore, but a very important factor in personal fulfillment.

An optimistic personality and rich experience permeate every page and give a balance and perspective to the most trivial bit of advice. When the child refuses to take solid food, you are told that your

relationship with the child is more important than the exact composition of the immediate meal.

"Offer the cereal just once a day. Only give him enough to cover the tip of the teaspoon until he is used to it. Add a pinch of sugar to see if he likes it better sweet. If in two or three days he is getting more set against it, in spite of all these precautions, then stop altogether for a couple of weeks. If he still balks when you try again, report it to your doctor.

"I think it's a great mistake to get into an argument with a baby about his first solid food. Sometimes a long-lasting feeding problem starts in this way. Even if it doesn't last, it's bad for mother and baby to have gone through an unnecessary fight."

This is an epoch-making book about which one can truly and wholeheartedly say that every father and mother should have a copy. The fact that a twenty-five cent pocket book edition will be available shortly after the publication of the regular edition is a strikingly new departure in the direction of making this valuable material widely available.

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Children's Radio Programs

FURTHER DISCUSSION OF SOCIAL ATTITUDES

THE use of children's radio programs as a means for education in social attitudes and intercultural relations was discussed at a meeting held on March 18 under the auspices of the Radio Committee of the Child Study Association of America at its headquarters. The meeting was called to pursue further the discussion on this subject reported in *CHILD STUDY*, Spring, 1945.

About fifty people representing various fields of education, intercultural organizations, psychology, psychiatry and sociology as well as representatives of radio production and broadcasting were invited to hear recordings of several programs representing widely different approaches: *It's Up to Youth*, a forum program in which a dramatized situation of race-prejudice in a school is made a basis for discussion by a group of young people; an episode from the serial program *Superman* dealing with problems of democracy and religious persecution; and an episode from Arch Oboler's *Bedtime Story—For Adults Only*, in which a returning veteran is confronted by social discrimination. Another program, offered for discussion though no recording was available, was *The Sparrow and the Hawk*, an adventure serial in which certain episodes point out the importance, in a democracy, of learning to get along with a variety of neighbors.

From the point of view of technique and effectiveness, the relative merits of the dramatized presentation were compared with the straight educational approach. While dramatization may be more arresting, it calls for a high degree of skill and finesse. We are accustomed to discussing such controversial questions as race and religious prejudices in forums, but not in dramatic entertainment. Therefore to incorporate this material in an entertainment program is more challenging.

The desirability of using such words as Jew, Catholic, Negro was questioned on the basis that such direct references may offend some listeners and perhaps, by arousing antagonism, divide the audience instead of uniting it. Yet unless one does make such direct references the whole point may be lost, particularly for children. Subtle references or historic parallels, may make the point academically, yet fail to influence children's feelings about their own contemporaries of a different faith or race.

It is important that the suggestions be positive. When we speak of Jews and Gentiles we divide the world. If it is the purpose to make children realize there is one human race, this purpose might be better served if we do not make such divisions, but use these names in a loving rather than a derogatory sense. The tendency in scripts is to use these names in fight situations and leave them out of pleasant situations.

The introduction of conflict in the program, too, might produce an unsuitable mood in which to teach love and mutual consideration. Inspiration toward tolerance and good fellowship might be made effective by first building up sympathy with a particular character, so that when that character is attacked or discriminated against, the audience is already disposed to an attitude of sympathy and defense.

Children may resent being preached at and the loading of too much preachment into any one episode or story may defeat its own purpose. In a serial program the tolerance theme might have to be intermittent rather than continuous, with the dramatic story the important thing. Where the theme comes naturally into a situation in which children are likely to meet it, however, or in connection with a character they already know and respect, they are not likely to resent the introduction of this material.

The question was raised about the wisdom of introducing in a program for children overt acts of terrorism or vandalism which, while they are shown to be reprehensible and disapproved, might still invite imitation. It was suggested that the child's hero identification with the person opposing or condemning these destructive acts would safeguard that.

In general, it was felt that we have still much to learn about the effective use of radio for indoctrination, particularly with children and young people, and that experimentation in this field, while it involves certain risks, particularly in a network program, is important.

JOSETTE FRANK

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Children's Books

WHAT ABOUT CHILDREN'S MAGAZINES?

TODAY'S newsstands are full of new magazines for children. The newcomers seem strange to parents who fondly remember their old *St. Nicholas*. Children's magazines don't look the way they used to—but neither does the world we're living it. Format and style have changed, but magazines continue to have their own values for children.

Magazines do not compete with books. Unlike books, they hold swift contemporary interest, be it in the presentation of timely scientific material or of articles on the kaleidoscopic social scene.

Magazines are for odd moments. They can be loved and left. Things to do, things to make, puzzles and patterns are there to be folded, to be marked up or cut out. This direct appeal is strengthened by the personal quality of a subscription. The arrival, week after week or month after month, of a magazine addressed to and intended for the child himself and for no one else, has a magic all its own.

Books have no "Contributors' Columns." This magazine section under various attractive titles provides a chance for children to try out their varied talents. A number of contributors to the old *St. Nicholas* League grew right out of its pages into their own full-fledged books. Even children not especially gifted may find creative opportunities through the contributors' columns, and that peculiar glow of satisfaction that comes of seeing one's own creations and one's own name in print.

The growth of children's magazines has made possible a type of specialization not feasible in former years. Increasingly aware of the "ages and stages" of child development, more and more magazines are aimed at age groups.

Magazines for the youngest children are still not too many, and not too good. Scattered items for these children may be found in magazines for the middle years. *Jack and Jill* is a childlike magazine containing little stories, verses, pictures, and puzzles. Although it appeals particularly to the six-to-nines, it has some material for children a bit younger as well as a bit older. Special features and things-to-do share equal space with stories and poems in *Child Life*, with a list of "Read-aloud-pages" indicating which are for the youngest.

For the eight-to-twelves with somewhat literary tastes there is *Story Parade*, a monthly of illustrated

stories and verses. More informal, *Polly Pigtales*, including comics and stories, is designed for girls at this age while *Calling All Boys* and *Calling All Girls* are addressed to their older brothers and sisters. The varied and valuable material in *Seventeen* is selected with keen editorial insight for young ladies from fourteen up.

Special features of general interest to boys and girls, as well as stories and organizational news, appear in the periodicals put out by the Boy Scouts, the Girl Scouts, Campfire Girls, and Junior Red Cross. Various denominations publish attractive magazines for children within their religious groups which it would be well for parents to explore.

A number of splendid weekly magazines are distributed through school subscriptions. These school weeklies contain illustrated informational articles. They have a large classroom circulation: For children in the primary grades *Mt-Weekly Reader* offers both fun and learning aids; there is the *Young Citizen*, for the fifth and sixth grades, and *Current Events*, classic news weekly of several generations of school children; *Junior Review*, for Junior High; the *Weekly News Review*, for High School. *Junior Scholastic* and *Senior Scholastic* combine news with illustrated feature articles, literature and social studies highlights, book and film reviews. *Building America* is done in fine photos with brief descriptive text about the social scene.

It becomes difficult from this point on to classify according to age. Teen-age boys and girls often have hobbies or special interests. They make increasing use of adult magazines. Parents will do well to remember, however, that the interest leads to the magazine; the magazine does not create the interest.

Popular Science and *Popular Mechanics* serve in this transitional stage for the doing child who likes to figure out his science at the workbench and in the lab. There are adult magazines for the young chemist and astronomer, coin collector and stamp collector, sports fan, and camera bug, and for the youngster with a fondness for nature study, pets, dancing, music, arts and crafts. The *National Geographic* has long been a favorite with children in school and at home.

Parents need not worry if their young people turn their attention to the current adult picture magazines. The normal child, active in the world about him, is not apt to be disturbed by their unvarnished realism.

KATHLEEN BERNATH

An annotated list of magazines is being compiled by the Children's Book Committee and will be available at 20 cents.



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- Ages of Children

THERE IS NO SUBSTITUTE FOR FAMILY LIFE

(Continued from page 76)

impulses which demand immediate satisfaction. These impulses and needs tend to change with physical and chronological growth of the child but the patterns still do not form and, at the same time, there is no means of gratifying the impulses. Motivation, discipline, punishment, insight therapy have little effect. Controlling the environment in which the child will act, leaving him no chance for exercising judgments or making decisions, but leaving him only the chance to imitate repetitively the socially acceptable patterns of other children, is the only known way of training these children.

6. Once the early childhood has been passed without adequate opportunity for normal relationships and personality development, the organization of the personality and retardation in development seems to permit no modification. One cannot treat these children at the later date as though they were well-loved infants, hoping to compensate for the early deprivation, because the physiological patterns are set. One cannot give them insight therapy because of the defect in conceptual thinking; one cannot give them relationship or transference therapy because they are incapable of identification or relationships. One cannot educate them because they cannot relate themselves to teachers, cannot compete with fellow students. They have no goals for attainment and no span of attention, no curiosity about the truths of life, the patterns of natural science, or cultural concepts of society.

The defect in time concept is one of the most significant conceptual defects. It appears that we develop a concept of time in the passage of time in our early love relationships with our mother. We learn to recall the things she did for us before and anticipate what will come. There is a similar origin for spatial concepts in the early spatial relationship to the loving mother person. All social concepts such as responsibility for oneself and one's brother arise from family relationships.

The implications for education are far-reaching. Education in a democracy depends on experiencing all kinds of living patterns within the framework of human relationships. This is an outgrowth of the earliest continuous experience of a relationship with a mother person in a family setting in which all kinds of object relationships find their meaning from the context in which they were first implied.

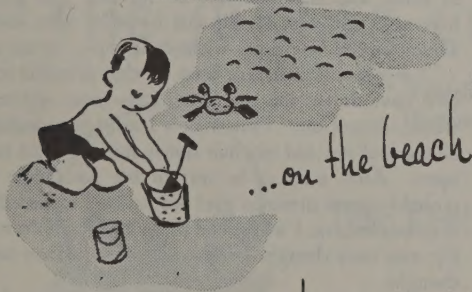
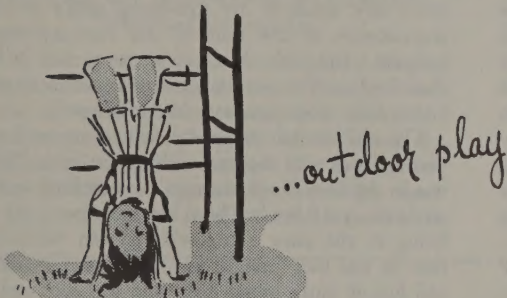
The ability to identify with one's own mother is the best protection against feelings of persecution if one belongs to a minority group and against prejudices if one does not. Thus a little Negro boy was asked what color he would like to be if he could choose before he was even born. His answer was "whatever color my mother was." Furthermore, he could give a philosophical explanation of the differences in racial groups. When asked why there are people of different colors, he said, "God got tired making so many plain people and so he made some colored ones."

The capacity to give values and render judgment and make decisions, conceptualize, which is the highest form of social thinking, arises only from the early teachings of the mother in regard to the simplest concepts of good and bad, approval and disapproval, in the daily acts of the two-year-old who is learning words and personal relationships at the same time. The child who is cared for in an impersonal institution during the period of language development will always be retarded in language. All linguistic abilities come from the early baby speech habits gained in mother relationship and family circle. The ability to think in patterns of temporal and spatial concepts, physical laws, scientific records and social philosophy are also based on early experiences—on the early mother-child relationship, growing out of the simple recurring routine patterns and early loving care.

In view of these findings we must feel challenged to provide a different kind of early care for dependent children. Foster care should begin in the earliest months, but it cannot protect the child unless he has *continuous* experience in the *same* home with a warm loving foster mother. Practically speaking, this will be no easy program to achieve. In the meantime, some modification in institutional practice would seem desirable. Perhaps it would help if attendants were chosen with some eye to warmth of personality, and if assignments of work were made which allowed a continuous relation between the baby and the adult to whose care he is assigned. The work of Anna Freud and Dorothy Burlingham in establishing family groups within the Hampstead Nurseries is immensely suggestive. We cannot overlook the clear evidence that even tiny babies need families—and somehow society must meet this need.

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PUBLIC HEALTH

(Continued from page 73)

Remember that long before the atomic bomb arrived, many scientists were working on investigations that led to the splitting of the atom. I think there is a lesson to learn in the combined attack we were able to make there. Gathering data, working in an orderly fashion with the kind of research procedure which the situation demanded, we solved the problem and achieved the stupendous and practical reality, the atomic bomb, and we did it without too great a strain on our economic or domestic situation. We also built tanks, trained parachutists and pilots. All these things in the ordinary course of events would have taken us years and years to accomplish.

Now we face another crisis. Certainly it is critical to find out how we can train ourselves and our children to live in a modern industrial society, peacefully and effectively. Is it not possible that if we spent the money and the time, and had the will to do it, we could solve this problem too? Modern psychiatry has made some interesting suggestions but we need to translate them into practical reality. Psychiatry first needs to do a sufficient amount of basic research before it tells us how to solve many of our problems.

I do not mean to be too discouraging at our lack of knowledge. I think there is much that we know already and that we can do. Let's not forget that even if we do nothing at all, the so-called nothing will still be teaching and influencing our children. Let's look then critically and coolly at what mental hygiene has to offer, choose that which is based on good research and which seems to work, and bring it to everyone as soon as we can.

What does this mean for parents and for children? What should they see and do as they look down the new vistas? I hope they will see the same broad avenues as do the pediatrician and public health administrator. First, there is new hope that some of our children's behavior problems can be avoided. We must support those activities which help bring what is already proved into practice. We can support those efforts which aim to bring adequate psychiatric services to children's courts, to the school, to our Bureau of Child Guidance and to hospitals. Let us bring psychiatric service into a well-baby clinic. Let us support, more than ever before, fundamental research and training of personnel in the field of mental hygiene. One practical and immediate thing to do is to support federal legislation now before Congress to train personnel and support research.

SEX EDUCATION

(Continued from page 89)

full of men waiting to grab girls. But that wasn't all the reason I flung myself at Malcolm Fairchild and hugged him. I know that now. Why in the world shouldn't I have been taught *some* notion of it then? 'Twould do girls good to know that they are just like everybody else—human nature *and* sex, all mixed up together. I didn't have to hug him. I wouldn't have, if he'd been dirty or fat and old, or chewed tobacco."

I stirred in my chair, ready to say, "But it's not so simple as all that to tell girls—" and she hastily answered my unspoken protest. "I know, I know, most of it can't be put into words. There just aren't any words to say something that's so both-ways-at-once all the time as this man-and-woman business. But look here, you know as well as I do that there are lots more ways than in words to teach young folks what you want 'em to know."

The old woman stopped her swaying rocker to peer far back into the past with honest eyes. "What was in my mind back there in the cornfield—partly, anyhow—was what had been there all the time I was living in the same house with Cousin Malcolm—that he had long straight legs, and broad shoulders, and lots of curly brown hair, and was nice and flat in front, and that one side of his face was good-looking. But most of all, that he and I were really alone, for the first time, without anybody to see us.

"I suppose, if it hadn't been for that dreadful scar, he'd have drawn me up, tight, and—most any man would—kissed me. I know how I must have looked, all red and hot and my hair down and my dress torn open. And, used as he was to big cornfields, he probably never dreamed that the reason I looked that way was because I was scared to be by myself in one. He may have thought—you know what he may have thought.

"Well—if his face had been like anybody's, when he looked at me the way he did, the way a man does look at a woman he wants to have, it would have scared me—some. I'd have cried, maybe. And probably he'd have kissed me again. You know how such things go. I might have come out of the cornfield halfway engaged to marry him. Why not? I was old enough, as people thought then. That would have been Nature. That was probably what he thought of, in that first instant.

"But what did I do? I had one look at his poor horrible face, and started back as though I'd stepped

on a snake. And screamed and ran.

"What do you suppose *he* felt, left there in the corn? He must have been sure that I would tell everybody he had attacked me. He probably thought that when he came out and went back to the village he'd already be in disgrace and put out of the pulpit.

"But the worst must have been to find out, so rough, so plain from the way I acted—as if somebody had hit him with an ax—the way he would look to any woman he might try to get close to."

"That must have been," she drew a long breath, "well, pretty hard on him."

After a silence, she murmured pityingly, "Poor man!"

VISTAS OF MENTAL HYGIENE

(Continued from page 81)

part of every station, regional and general hospital instead of in an isolated situation. Another result of this sharing of patients was a much more widespread acceptance by physicians of emotional disorders as clinical medical entities. The psychiatrist's position gave him an opportunity to establish standards of practice which equalled and, in most cases,

were superior to the average standard of psychiatric practice in any civilian clinic or hospital, in full view and with the cooperation of the internist and surgeon.

It is to be hoped that psychiatry will maintain this relationship to the general field of medicine. This will depend on whether it is permitted to do so, and whether it can deliver its benefits and advantages in a practical and utilizable fashion. It will depend largely on the psychiatrists themselves, but it is to be hoped that the Army experience will give them the warm support of the internists and the surgeons. Medical education must be revised to provide every physician with far more psychiatric indoctrination so that he may understand and treat scientifically the minor emotional difficulties which cause the incapacity of so many of his patients. Only with such knowledge can he recognize the need and opportunity for psychotherapeutic effort in every patient that he treats. To be of the greatest use, psychiatry will also need intelligent support of the public in shaking off its fetters of taboos and misconceptions.

If we are to gain from the psychiatrist's experiences in the war, we must seek and apply their implications in civilian life, for the home and the office, the school and the church, the store and the factory.

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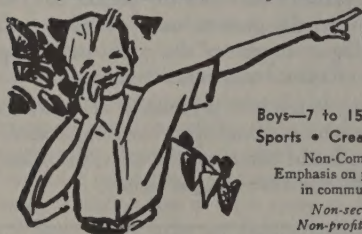
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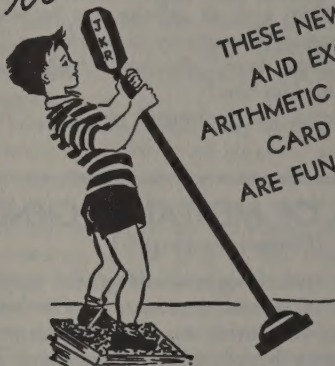
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